

Name
in
Full

CERTIFICATE OF DEATH

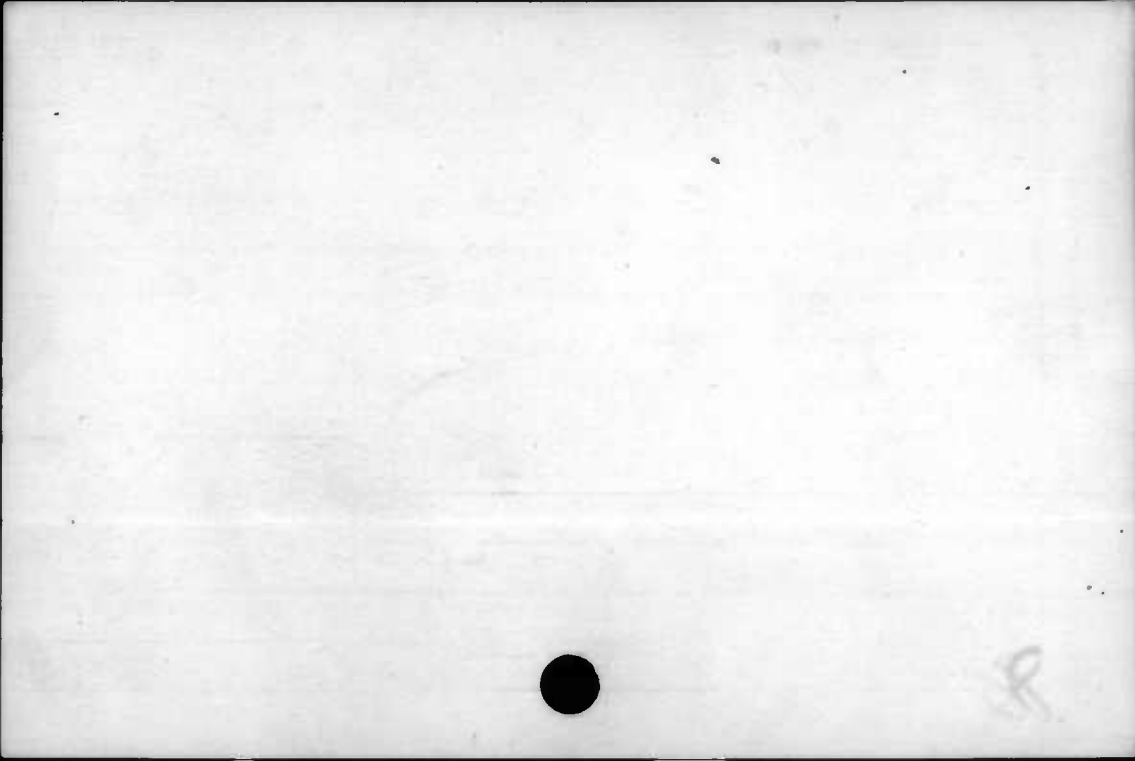
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Bertha Mary Boston</i>						CERTIFICATE OF DEATH	
Died at <i>near Andersontown</i> ^{Town}				<i>Caroline</i> ^{County}		MARYLAND	
Date of death <i>1907</i>		Month <i>Apr.</i>	Day <i>4</i>	Years <i>10</i>	Months <i>10</i>	Days <i>12</i>	
Sex <i>Female</i>		Color or Race <i>Beach</i>		Birth-place <i>Md.</i>			
Occupation _____			Where Residing if not at place of death _____				
Married, Single or Widowed _____			Name of Wife or Husband _____				
Father's Name <i>Ella Martin Boston</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Fressie May James</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Ella M. Boston</i>				How related to deceased <i>Feather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>Three weeks</i>
Immediate <i>Heart failure</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. Ward.</i>
<input checked="" type="checkbox"/> Accident or Suicide?	Address <i>Andersontown</i>
	<i>Md.</i>



Name
in
Full

Wells Church.


CERTIFICATE OF DEATH

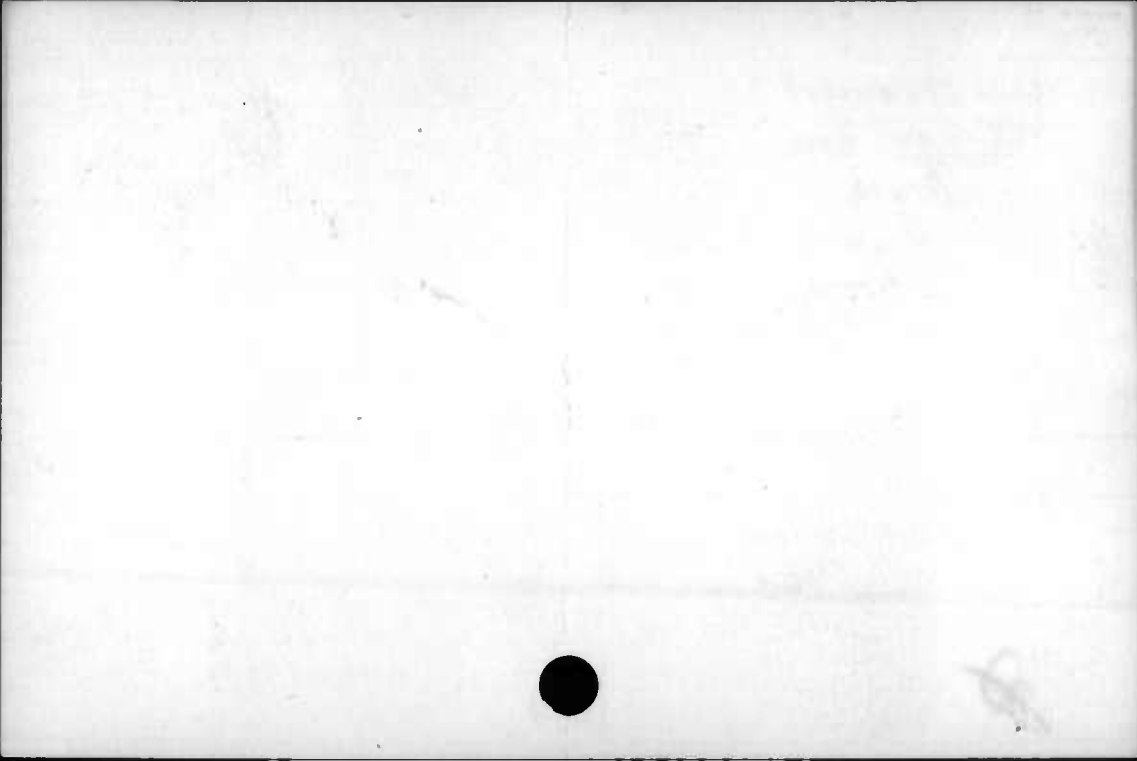
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fishersburg</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death 1907		Month 4	Day 4	Age 72	Years	Months 9	Days 1
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Wells Church, Md.</i>			
Occupation <i>Retired farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary Elizabeth Burton</i>					
Father's Name <i>Wm Church</i>		Father's Birthplace <i>Wells Church, Md.</i>					
Mother's Maiden Name <i>Eva Church</i>		Mother's Birthplace <i>Wells Church, Md.</i>					
Name of person giving information <i>Gen. F. Gallaway</i>		How related to deceased <i>Physician</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>25 yrs.</i>
Immediate	<i>Edema & Bunion</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Gen. F. Gallaway</i>	
		Address <i>Fishersburg, Ind.</i>	
Accident or Suicide?			



Name
In
Full

James E. Coker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

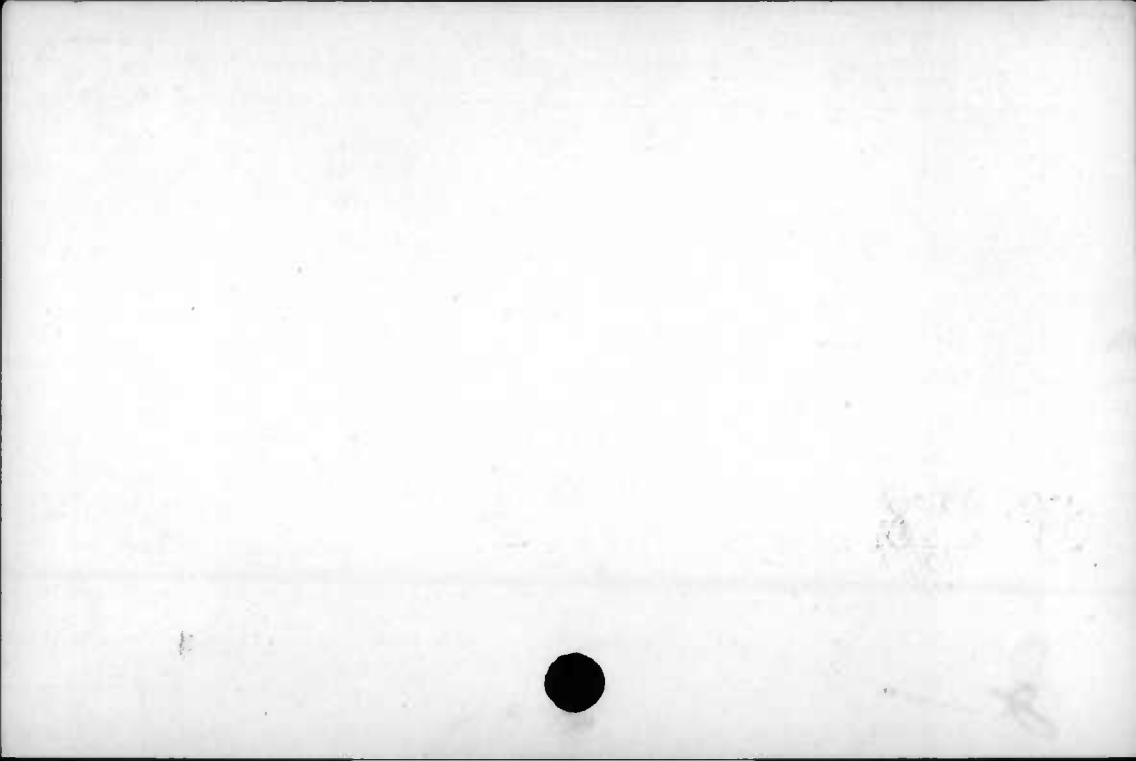
Died at <u>Ridgely</u> <small>Town</small>		<u>Leonine</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>April</u> <small>Day</small> <u>24</u> <small>Years</small> <u>60</u>		<u>60</u> <small>Months</small>		<u>0</u> <small>Days</small>	
Sex <u>Male</u>		Color or Race <u>Negro.</u>		Birth-place <u>Maryland</u>	
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>X</u>			
Married, <u>Single</u> <u>Married</u> <small>or Widowed</small>		Name of Wife or <u>Husband</u> <u>Annanda Coker</u>			
Father's Name <u>James Coker</u>		Father's Birthplace <u>Id</u>			
Mother's Maiden Name <u>Idaline Galawa</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>James H. Coker</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>disease of the Heart</u>	How long	<u>one year</u>
Immediate	<u>Anaemia</u>	How long	<u>3 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>They are</u>		Signature of Physician <u>Lehas. H. Row, M. D.</u>	
<u>as far as known</u>		Address <u>Leonine, Md.</u>	
Accident or Suicide? <u>no</u>			



Name
in
Full

CERTIFICATE OF DEATH

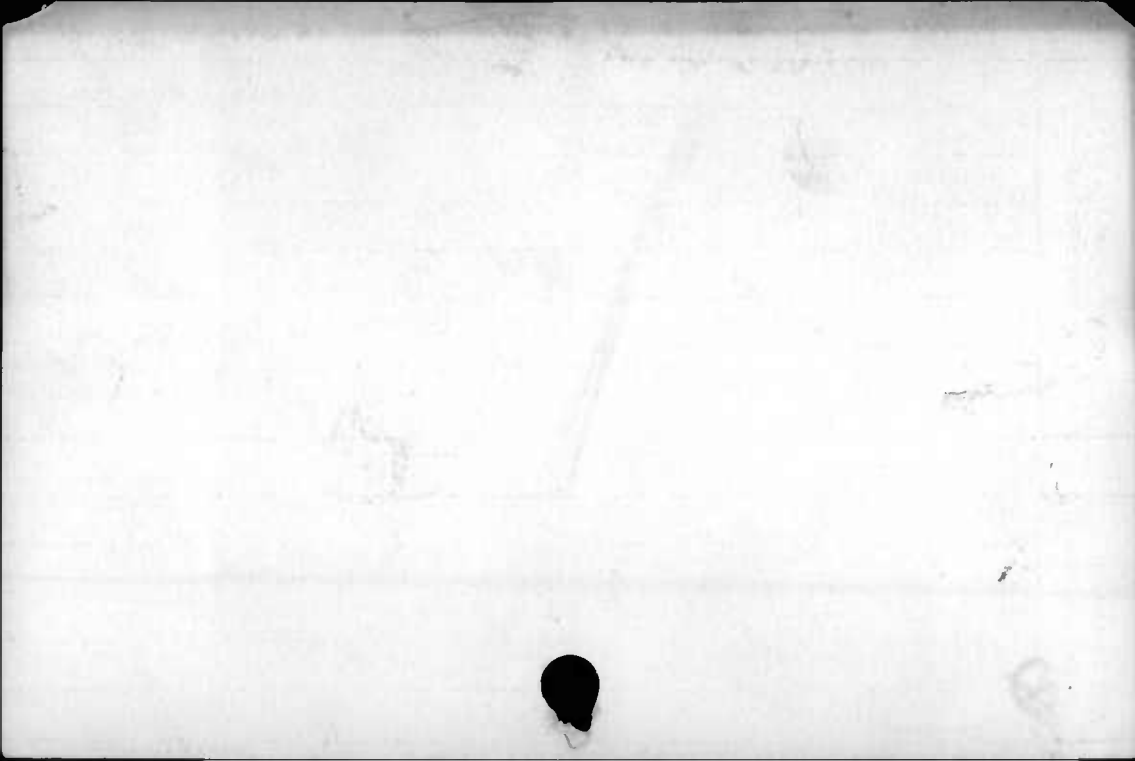
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Goldsboro</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death <i>1907 Apr. 24</i>		Month <i>Apr.</i>		Day <i>24</i>		Age <i>15</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Delaware</i>		Months <i>7-</i>	
Occupation <i>Domestic</i>		Where Residing if not at place of death		Days <i>24</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Name <i>Joseph L. Cooper</i>		Father's Birthplace <i>Delaware</i>	
Mother's Maiden Name <i>Bill Murray Rockshet</i>		Name of person giving information <i>Bill Murray Cooper</i>		Mother's Birthplace <i>Delaware</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 mo.</i>
Immediate <i>Exhaustion</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. L. L.</i>
Accident or Suicide?	Address <i>Goldsboro.</i>



Name
in
Full

X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

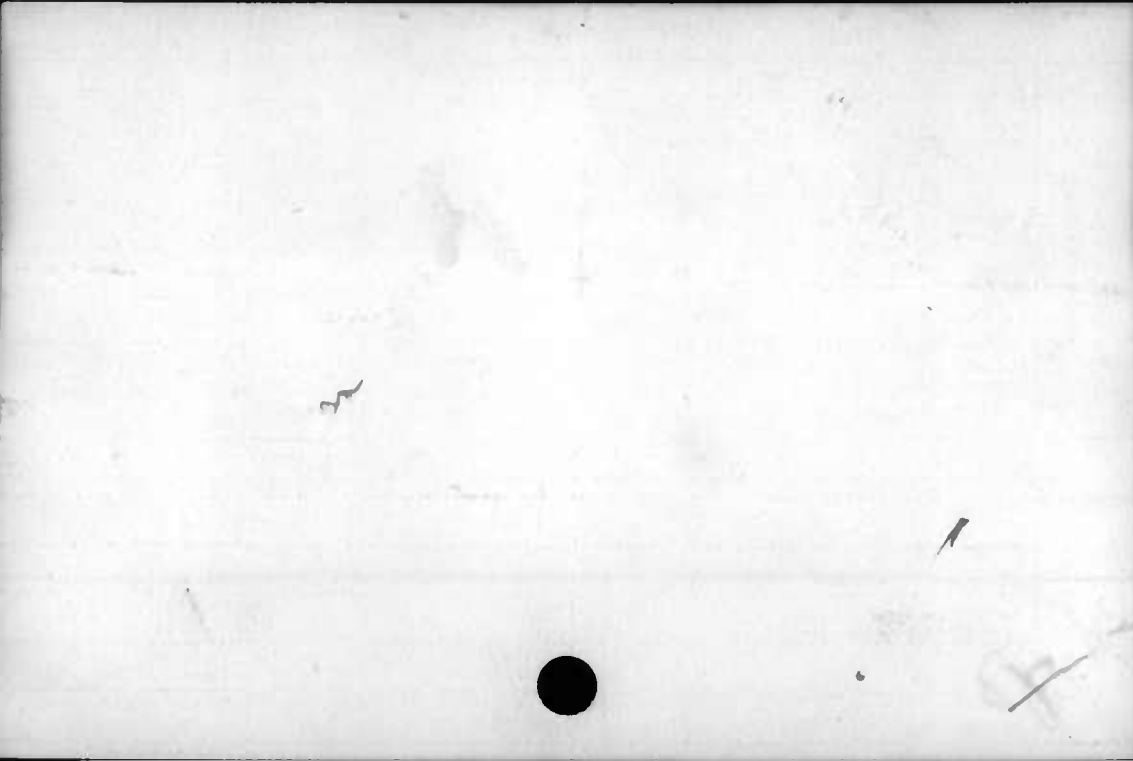
Died at <i>Euriston</i> Town		<i>Baldsboro</i> County		MARYLAND	
Date of death	<i>1907</i> Month <i>April</i> Day <i>26</i>	Age	<i>7</i> Years	Months <i>10</i>	Days <i>25</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>X Toulson</i>
Occupation	<i>None</i>	Where Residing if not at place of death <i>Toulson</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Wm J Goldsboro</i>	Father's Birthplace	<i>Bearclay Ark. Co.</i>		
Mother's Maiden Name	<i>S L Goldsboro</i>	Mother's Birthplace	<i>Bearclay Ark. Co</i>		
Name of person giving information	<i>X G J Fields</i>	How related to deceased	<i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>1 yr</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 mo.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Silva</i>
		Address	<i>Goldsboro.</i>
Accident or Suicide?			

27



Name
in
Full

Lenora Hline -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Ridgely</i>		^{County} <i>Caroline</i>		MARYLAND	
Date of death	1907	Month	<i>April</i>	Day	<i>21</i>
		Years	<i>2</i>	Months	<i>1</i>
		Days	<i>2</i>		
Sex	<i>Female</i>		Color or Race	<i>Hebrew -</i>	
Occupation	<i>-</i>		Birth-place	<i>Id.</i>	
Where Residing if not at place of death			<i>-</i>		
Married, Single or Widowed	<i>-</i>		Name of Wife or Husband	<i>-</i>	
Father's Name	<i>David Hline</i>			Father's Birthplace	<i>Russia</i>
Mother's Maiden Name	<i>Annie Howard</i>			Mother's Birthplace	<i>Russia</i>
Name of person giving information	<i>David Hline</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Grippe-Pneumonia-Septicemia</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion -</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>J. J. Stone</i>
		Address	<i>Ridgely</i>
Accident or Suicide?	<i>No</i>		<i>Wm.</i>



8

Name
in
Full

Robt. T. Nicholas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

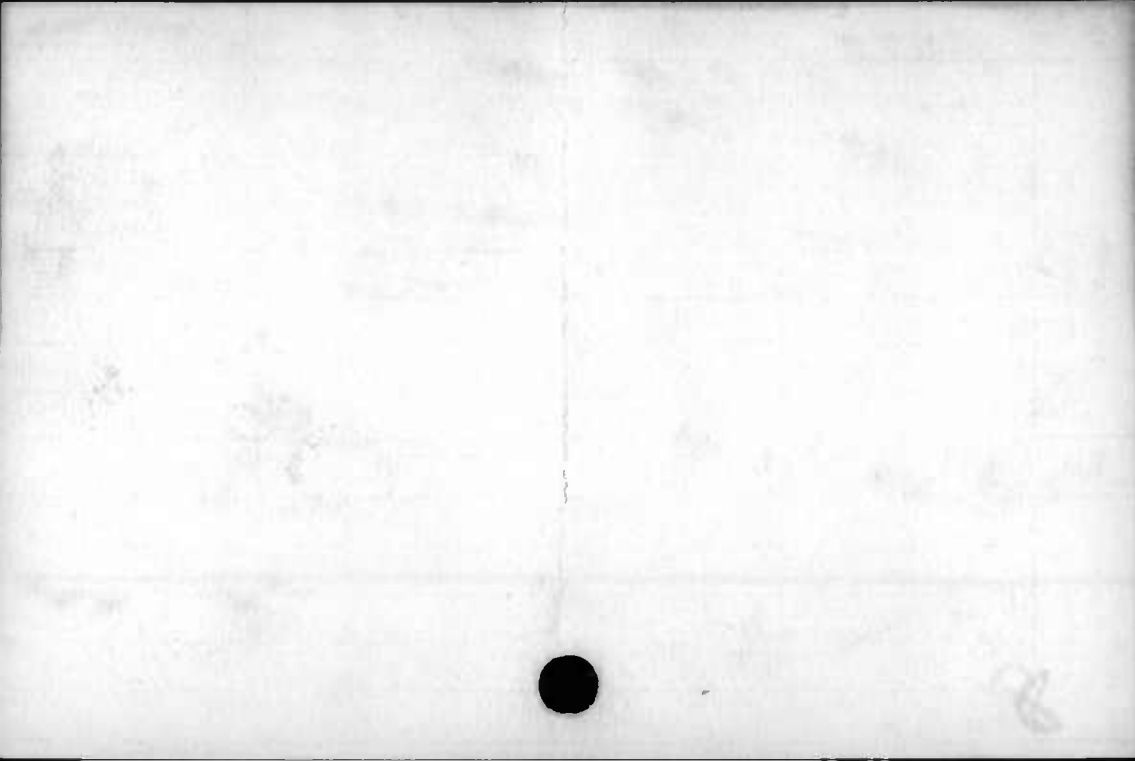
Died at		Town Cammie Cross		County Caroline		MARYLAND	
Date of death	190	Month 7	Day 4	Age 70	Years 3	Months —	Days —
Sex	male		Color or Race	white		Birth- place	Caroline Co
Occupation	Farmer.			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband Julia Warren				
Father's Name	B. Nicholas					Father's Birthplace	—
Mother's Maiden Name	—					Mother's Birthplace	—
Name of person giving in formation	Birtles Nicholas					How related to deceased	—

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	Dementia	How long	3 yrs or more
Immediate	Exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Geo. A. Galloway
		Address	Farmers Co Caroline Co
Accident or Suicide?	No.		



Name
in
Full

Sarah E. Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

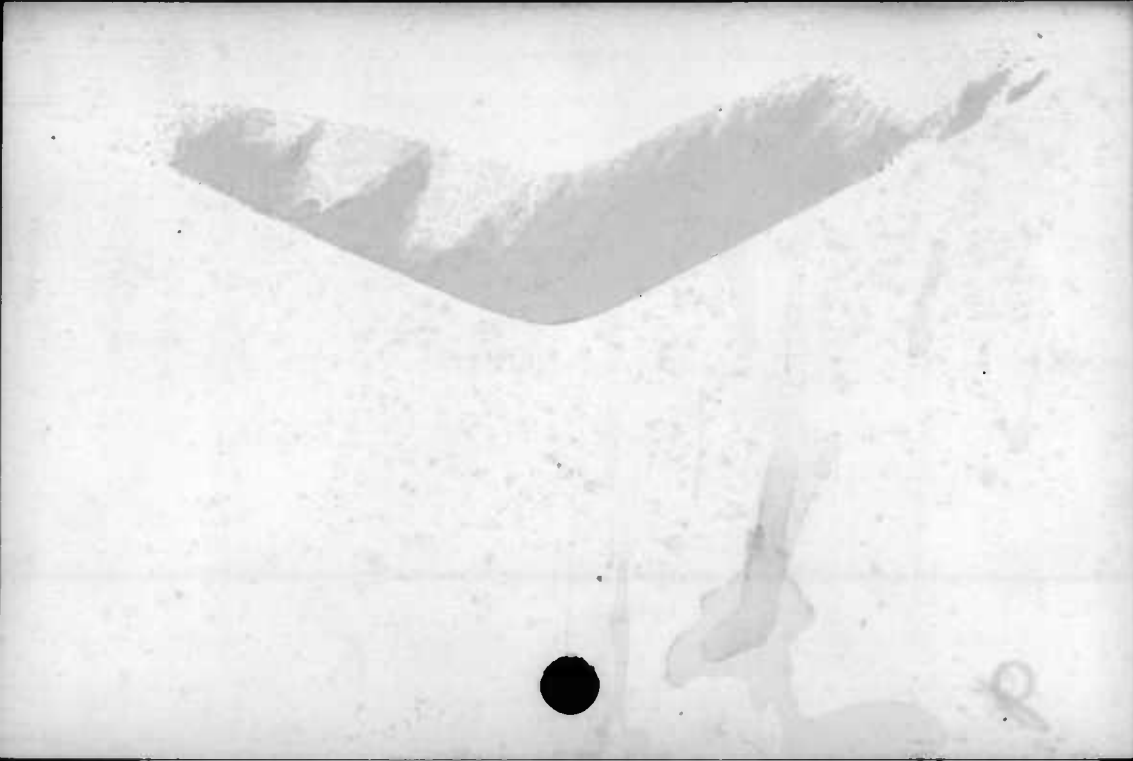
Died at <i>Bethlehem</i>		Town <i>Baroline</i>		County		MARYLAND	
Date of death	1907	Month	4	Day	18	Age	81
Sex	Female		Color or Race	Caucasian		Birth-place	Do not know
Occupation	Do not know			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband <i>James L. Payne</i>				
Father's Name	Do not know					Father's Birthplace	Do not know
Mother's Maiden Name	Do not know					Mother's Birthplace	Do not know
Name of person giving information	<i>J. R. Phillips</i>					How related to deceased	Former Physician

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage + Softening</i>	How long	<i>1 day</i>
Immediate	<i>Do not know</i>	How long since	<i>Dec. 30th 1904</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. R. Phillips M.D.</i>	
		Address	
		<i>Preston Md</i>	
Accident or Suicide?			
<i>No</i>			



Name
in
Full

Chas Pinkney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Hillsboro* TownCounty *Caroline*

MARYLAND

Date of death *190* Month *4* Day *27*Age *47* Years

Months

Days

Sex *Male*Color or Race *Black*Birthplace *Me.*Occupation *Laborer*Where Residing if not
at place of deathMarried, Single or Widowed *Married*Name of Wife or
Husband*Mary Ellen Pinkney*

Father's Name

*Wilson*Father's Birthplace *Unknown*

Mother's Maiden Name

*Pinkney*Mother's Birthplace *Talbot Co.*Name of person giving
In formation*Mary Ellen Pinkney*How related to deceased *Wife*

CAUSES OF DEATH

64

Primary

*Apoplexy (Cerebral)*How long *5 hours.*

Immediate

Cerebral Compression

How long

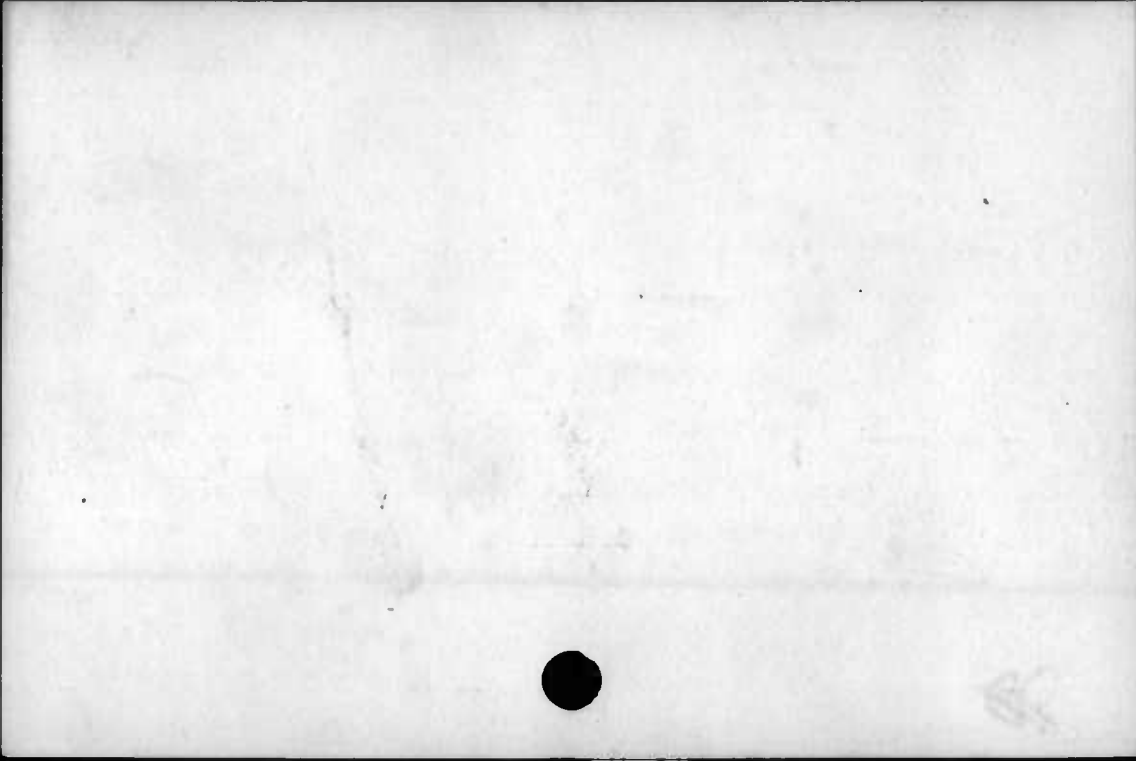
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. S. Brown, M.D.*

Address

Hillsboro

Accident or Suicide?

Me.



Name
in
Full

CERTIFICATE OF DEATH

Mariah Pritchett

Died at ^{Town} New Hillsboro ^{County} Caroline

MARYLAND

Date of death 1907 4 27 Age 43- Months Days

Sex Female Color or Race Colored Birth-place Laundon Co Md.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband

Philip Pritchett

Father's Name Perry Stewart

Father's Birthplace Md.

Mother's Maiden Name Sarah Coker

Mother's Birthplace Md.

Name of person giving information Philip Pritchett

How related to deceased Husband

(64)

CAUSES OF DEATH

Primary

Atheroma of Arteries was diagnosed about three years ago

Immediate

Apoplexy (Cerebral) How long Four hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

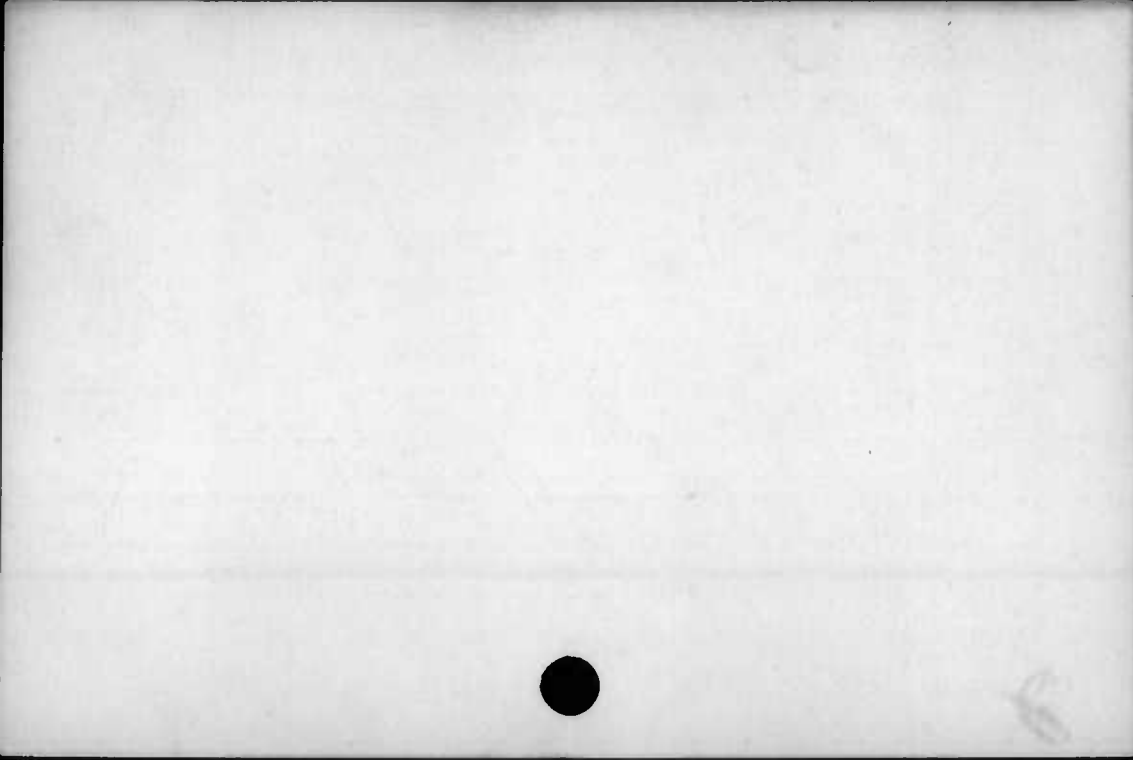
Address

Rufley Hackett Md
Queen Anne
Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Eldon Sharp

Died at *near Bethesda* ^{Town} *Caroline* ^{County}

Date of death *1907* ^{Month} *4* ^{Day} *29* ^{Years} *45* ^{Months} *—* ^{Days} *—*

Sex *male* Color or Race *Black* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Hannah Sharp*

Father's Name *Willoughby Sharp* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary Jane Fletcher* Mother's Birthplace *Maryland*

Name of person giving information *William H. Sharp* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cerebral Hemorrhage* 64 How long *4 years*

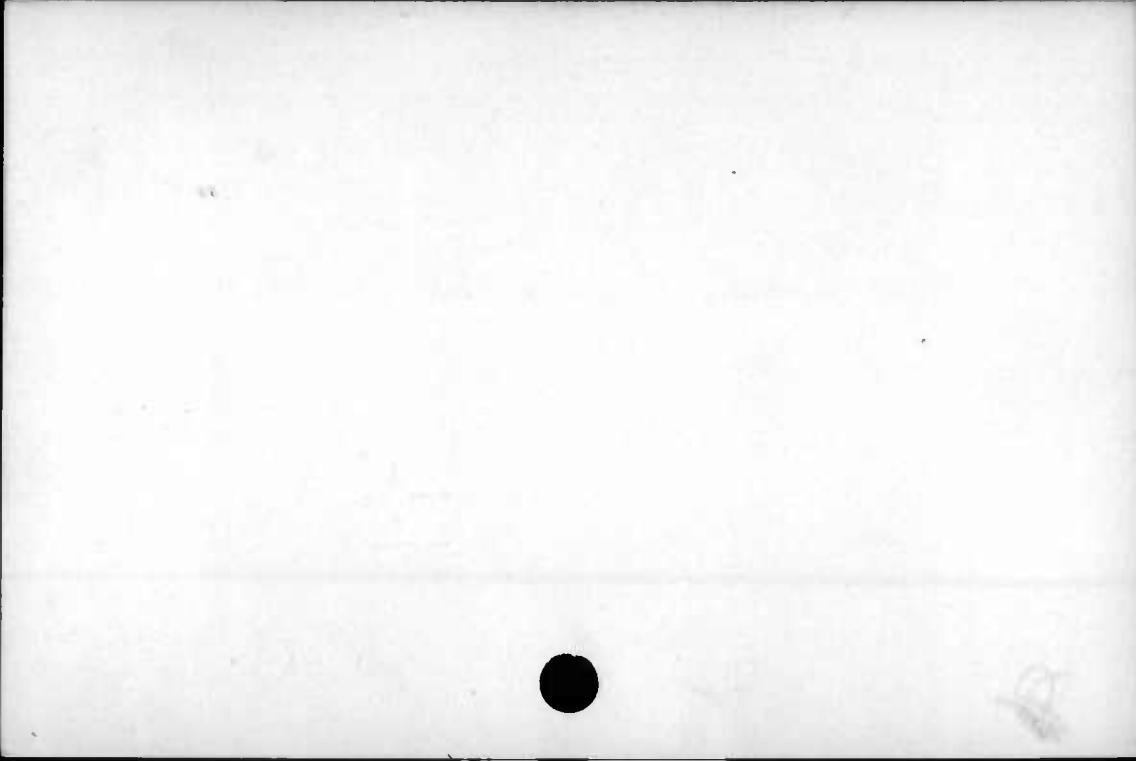
Immediate *Paralysis* How long *4 years*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. L. Noble*

Address *Poxton Md.*

Accident or Suicide? *8*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Heddingsburg</i> Town		County <i>Caroline</i>		MARYLAND	
Date of death <i>1907 Apr 10</i>		Age <i>30</i>		Months	Days
Sex <i>male</i>	Color or Race <i>Black</i>	Birth-place <i>md</i>			
Occupation <i>laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Bertie Friend</i>				
Father's Name <i>John Sheppard</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Milly Thompson</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>John Sheppard</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lung Abscess</i>	How long <i>6 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. R. Jefferson</i>
	Address <i>Heddingsburg md</i>
Accident or Suicide?	



8

Name
in
Full

Ruth B. Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hillsboro</u> ^{Town}		<u>Caroline</u> ^{County}		MARYLAND	
Date of death	1907	Month	4	Day	26
Age	8	Years		Months	4
Sex	Female	Color or Race	White	Birth-place	Hillsboro
Occupation	School	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Harry M. Thompson			Father's Birthplace	Del.
Mother's Maiden Name	Clara Fleming			Mother's Birthplace	M.D.
Name of person giving information	Harry Thompson			How related to deceased	Father

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	<u>Intussusception</u>	How long	8 days
Immediate	<u>Exhaustion</u>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. H. B. Rowe M.D.	
Address		Hillsboro, Md.	
Accident or Suicide?			

